

Original Lectures.

LECTURES ON MILITARY SURGERY.

DELIVERED AT THE

COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.

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LECTURE VII.

Gunshot Wounds of the Trunk and Extremities.—Cases which require Primary Amputation, etc.

GENTLEMEN:—Gunshot wounds of the abdomen, with lesion of the abdominal organs, are more fatal than corresponding wounds of the thorax. The cases of recovery from such wounds are exceedingly rare. The effusion of the contents of the intestinal canal into the cavity of the peritoneum, and the thence ensuing peritonitis, form an additional element of danger which does not exist to the same extent in wounds of the thorax. Little can be done, and little should be done, in these cases, besides rest and opium.

Where the bladder is wounded you should, as much as possible, prevent extravasation of urine. Apply the catheter and retain it in the bladder; if it cannot be borne it may, in some cases, become expedient to make an opening in the peritoneum to keep the bladder constantly empty. There are a number of cases on record where bullets have lodged in the bladder, and the patients have recovered. Larrey has extracted the bullet in such a case by lateral section. I myself have seen such a case, and was on the point of operating for it when the man changed his mind, preferring to keep his bullet, which he had already carried three or four years with the ordinary symptoms of stone in the bladder.

By far the majority of all the gunshot wounds which claim the attention of the military surgeon are wounds of the extremities; because, 1st, the extremities combined offer a larger surface than the trunk; 2d, part of the trunk is in many positions protected by the extremities; and 3d, because almost all those who remain dead on the field, and who generally average about the proportion of one to five wounded, are wounds of the trunk. The wounds of the extremities form not only numerically the majority, but they besides require generally more of the skill and judgment of the surgeon. The severer wounds of the trunk, if not immediately fatal, are yet in most cases beyond the skill of surgery, and it is comparatively very rarely that an operation is required; the slighter wounds are usually unimportant. The all-important question of sacrificing the wounded part for the purpose of saving the rest of course only comes up in wounds of the extremities.

There is such an essential difference in the respective danger of gunshot wounds of the upper and lower extremities, that the treatment must of necessity be materially influenced by the prognosis. Thus the same wound which in the lower extremity would require the immediate sacrifice of the limb for the purpose of saving life, would admit in the upper the attempt (often successful) of saving both limb and life, or at least the performance of a conservative operation, such as resection. On the other hand, in a severe wound of the upper portion of the femur, resection or exarticulation may be regarded as out of the question, because it hastens, as ample experience has proved, the fatal issue, whereas a corresponding wound of the humerus admits of an operation, either resection or exarticulation, which, in a large proportion of cases, proves successful.

Gunshot wounds of the extremities, where no bone or joint has been injured, generally heal kindly in from three to six weeks; should much subfascial inflammation and swelling supervene, free incisions through the fascia will relieve the swelling, and by giving free exit to the secretions prevent the further burrowing of matter. Where the fasciæ are involved, especially if a bursa in the neigh-

borhood of a joint has been wounded, the patients frequently succumb to diffuse inflammation and protracted suppuration; free and early incisions, as soon as fluctuation shows itself, together with gentle circular pressure by means of a well applied roller, with liberal support of the general system, are the means to be pursued in these cases.

I have already, in a former lecture, stated to you that the results of primary amputation are much more favorable than those of secondary. This is probably owing mainly to the fact that in the first the operation is performed in and through healthy parts, which have not yet been drawn into that destructive inflammatory process which is so apt to follow gunshot wounds. The indications for primary amputation may be divided into two general divisions: 1st, Where a limb is so extensively injured that its preservation is *prima facie* impossible; this of course applies to the upper and lower extremities; 2d, Where experience has taught us that in the large majority of such wounds nature succumbs in its attempts at reparation.

The first class embraces all cases where a limb has been entirely or partially carried away by heavy projectiles, large pieces of shell, solid round shot, or by explosion; where the bones have been splintered or comminuted to a great extent, the splintering extending into a joint, or if at the same time the large vessels and nerves are divided. The first you will recognise, not only by the direction of the wound, but by the absence of pulse below the wound; the second by the entire or partial paralysis of sensation. To decide upon this, however, you must wait till the collapse from the shock has ceased, because during the stage of collapse both pulse and sensation may be suspended, and return after reaction sets in. In all these cases where amputation is, so to say, an absolute necessity, it should be performed as soon as possible after the receipt of the injury, the patient's chances for life diminishing exactly in proportion to the time lost between injury and operation. In most of these cases of amputation the surgeon must use his judgment in deviating from the rules laid down in text books with regard to the manner of operating and the formation of the flaps. The soft parts being lacerated you must take the flap where you can get it, without amputating higher up than is absolutely necessary: for you must bear in mind that, independent of the advantage of preserving as much of a limb as possible with reference to its usefulness afterwards, the danger to life increases as you amputate nearer the trunk.

The second indication for primary amputation, including, as I have stated, those cases where experience has taught us that the majority of cases terminate fatally, refers almost entirely to the lower extremity. In the upper extremity, where there is the slightest chance for preserving the limb, there is no necessity for primary amputation. The restorative process goes on generally much more favorably in the upper extremity, and the danger to life from secondary amputation is proportionally less.

In gunshot fractures below the knee, unless the bones are extensively splintered or the ankle-joint opened, you are justified to give the patient a chance for the preservation of his leg. But wherever the knee-joint is involved in the fracture, or where the femur is broken, the best authorities agree that primary amputation saves the larger proportion of lives. I should, therefore, state to you as my conviction, that the sphere for primary amputation is limited to wounds of the knee-joint and fractures of the lower half of the femur. Amputation in the upper half of the femur (even primary) has proved so generally, I may almost say so uniformly, fatal, that I should prefer to let these cases take their chance without amputation, or, at any rate, wait for secondary amputation.

I have observed that good military surgeons pass, as it were, through three stages in their judgment of gunshot fractures of the thigh: the first is, they do not regard these wounds as so dangerous as they really are, and therefore, in their early military life, hope more from the efforts of nature; they are unwilling to sacrifice a limb where there

is a small gunshot wound without much other injury to the soft parts, and an apparently simple fracture of the femur. They do not take it into consideration that such a fracture does not go on as a fracture under the circumstances usually does, that is, the secretion of plastic lymph which gradually consolidates into callus. In these gunshot fractures the bone most frequently becomes necrosed to a considerable extent, and in after examination we do not find the slightest effort at repair made by nature. After the surgeon has had an opportunity of witnessing this result in the majority of cases, he hopes for better results from primary amputation, and is apt to be for a time a warm advocate of it; but after bitter experience has shown that thigh amputations for gunshot fractures are in themselves so dangerous that but few survive, he then settles down into a good, prudent, and conservative surgeon, who calmly calculates the chances, who will never operate for the sake of operating.

I cannot warn you in sufficiently strong language against that (I must call it morbid) desire for carnage which I have witnessed in some surgeons, who seem to think that the main object of a war is to give young surgeons a chance to operate, and who count their laurels by the number of limbs cut off.

Statistics, especially in military surgery, must always be somewhat deficient; yet I hope that the judicious efforts made by our Surgeon-General will throw some more light upon this most important subject, and for that purpose I want two facts placed broad and square before the world:

1st. How many men have been furnished with artificial limbs after recovery from thigh amputation, with the history of their cases? and

2d. How many men have been discharged or invalided on account of gunshot fracture of the femur without amputation?

Original Communications.

CASES IN MILITARY SURGERY.

By HENRY N. FISHER, M.D.,

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I.—Gunshot Wound of Face.—Traumatic Epistaxis.—Ligation of Common Carotid.—Death.—Autopsy.—Corporal James Quick, 38th N.Y.V., aged 21, was wounded at the battle of Fredericksburg, Dec. 13th; admitted to Eckington Gen. Hospital on the 18th. The ball passed in below the left ear and made its exit on the left side of the nose. The face was very much swollen on the left side; the left eye closed but uninjured. Was treated with cold water applied locally. On Christmas evening secondary hæmorrhage occurred from left nostril; more than a quart of blood was lost in a few minutes. I promptly plugged the nostril with bits of muslin strung on a thread, which stopped the bleeding. It recurred at night, and was controlled by thrusting in more of the *tampon*.—Dec. 26. Had another bleeding, the blood now flowing copiously through the wound at the side of the nose. A compress applied snugly over the orifice controlled the hæmorrhage again.—Dec. 27. Another brisk flow of blood occurred this morning, but it was promptly stopped by increased pressure over the compress. On consultation it was agreed that the only recourse was to ligate the left common carotid artery. Accordingly I tied that vessel just above the omo-hyoideus muscle, the patient not being etherized. The plug and compress were then removed, and no hæmorrhage occurred.—Dec. 28. Slept well last night with the aid of an anodyne. This A.M. pulse 120. A slight pulsation detected in the left temporal artery. Was to-day afflicted with diarrhoea; the discharges being thin and light colored.—Dec. 30. Pulse now 150. Mind wandering. Is very restless. Diarrhoea still continues. Ordered opium one gr. every four hours, and brandy and beef tea continued.—Jan. 2. Is quite insensible, but

answers when roused. Skin cold, pulse 140 and weak, swallows fluids now with difficulty and cannot swallow solids. Is furnished oysters, which he swallows readily. The wound looks sunken and glassy. Passes frequent stools involuntarily.—Jan. 4. Wound of neck suppurating. Still in a stupor. Diarrhoea continues. In P.M. a serous discharge mixed with blood appeared from wound of neck, giving reason to fear hæmorrhage from the artery.—Jan. 5. At 3 P.M. I was called in haste and found the carotid had given way, and the blood was flowing, *per saltum*, from the wound, and in a few moments the patient was dead. I examined the point of ligation after death, and found the artery ulcerated through anteriorly where the ligature was applied. No attempt at union of the inner coats of the vessel was found, and no fibrinous deposit on the cardiac side, it having been doubtless forced out by the hæmorrhage. The distal side was, however, occupied by a plug extending up to the bifurcation of the vessel. The common carotid artery, from its origin to a little above its bifurcation, I removed and preserved. The gunshot wound was not examined.

II.—Dislocation of the Humerus under the Coracoid Process.—Barney McNelis, private, aged 32, was injured at Fredericksburg, and admitted four days after. His account of himself is as follows: He was resting on his right knee, and was putting the cap on his gun, when a horse passing behind him was struck by a shell, and fell heavily upon him, throwing him forward with his right arm under him. It was some time before he could extricate himself. He immediately suffered pain in the right arm and shoulder, and was unable to raise the limb. The forearm was semiflexed and incapable of motion, as he said it hurt him to flex or extend it. I found the head of the bone lodged directly under the coracoid process. This being considered by me a rare dislocation, I requested my colleagues Drs. Marvin, Edelin, and Birkie, to examine it, and they were of my opinion as to the nature of the dislocation. The patient was etherized, and I readily reduced the bone by making extension on the arm while I pushed my foot into the axilla.

III.—Gunshot Wound of the Skull with Depression. *Operation.*—Private W. H. Holcomb was wounded at Fredericksburg, Dec. 13, by a rifle ball, inflicting a severe scalp wound, and a gaping fracture of the skull was found at its bottom, situated over the right parietal os. He came here four days after. He was rational, but his mind was much confused. There was some dysphagia, no paralysis, but a constant tingling pain in the right arm and hand.—Dec. 19. Physical condition the same, but mind is almost entirely gone. I called a consultation, and it was determined to operate. I forthwith proceeded to the operation. On laying back the scalp about the wound the fracture was found to be stellate, and a portion of bone depressed. The trephine was applied and a button removed, when the depressed portion was easily elevated. The internal table was found to be badly comminuted. A radiating tongue of bone was removed with a Hey's saw, and a large number of spicula from the inner table were taken away. The dura mater was rough and discolored, but not lacerated. The wound was partially closed and cold water dressings applied.—Dec. 20. Patient lay in a stupor, but rational when roused; pulse 80 and soft. Bowels open.—Dec. 21. Quite comatose. After consultation I made a crucial incision in the membranes, but no clot or pus was found. Continued to sink, and at 3 P.M. he died. On post-mortem examination the membranes were found congested, but were unchanged, save the roughening and discoloration about the wound. On removing the membrane the surface of the cerebrum was found to be in a pulpy disorganized condition for a space of an inch and a half about the wound. The convolutions were obliterated, the white and grey substance being undistinguishable, and the tissue a disorganized mass, so thin that several drops ran by their own gravity upon the table. The rest of the brain was healthy. The disorganization was found to extend down

to a level with the lateral ventricle and inwards almost to its outer margin. No foreign body was found, nor was the opposite hemisphere at all injured by *contre coup*.

REMARKS ON THE EVILS OF YOUTHFUL ENLISTMENTS

AND NOSTALGIA.

By DE WITT C. PETERS,

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The Surgeon-General U.S.A., in his recent report to the Secretary of War, justly deprecates the policy of enlisting youths who have not attained their proper majority. The statistics and experience of the U.S. Army conclusively demonstrate, that persons received at the minimum standard of eighteen years are, in a majority of cases in this country, not sufficiently matured in mind and body to undertake successfully the arduous duties of a soldier. These young recruits readily contract the various diseases incident to camp life, and are extremely liable to prove a burden to the service, while prematurely their health is seriously undermined, if not ruined for ever.

In France, where the conscript is drafted at the age of eighteen years, and sometimes younger, he is allowed a period of probation, before being ushered into the severe exposure and variable climate to which he may be liable in after life. The French train up even their children to look and to be soldiers; therefore, on entering the service, they require only to perfect themselves to act in large bodies, to guard their health, and to learn the exercise of some particular arm. These raw levies are in times of peace treated with great leniency in respect to their tender years, and thus cautiously they are brought to a maximum state of development and hardihood. The robust and most proficient of them, after due trial in the "regiments of the line," are selected to fill up the ranks of the regiments whose names have long been familiar in every land.

The real military strength of the United States rests in its volunteer system, which, however imperfect it may be, has of late astonished the civilized world by the numbers and prowess of its legions. Much depends on the medical staff to render this system efficient. Hence, instead of being anxious to obtain numbers, all officers should be governed by a desire to select none but serviceable men. Like rules should govern both the volunteer and regular service in enlisting recruits. Yet at present in this respect how widely they differ! Cases in which young men, although victims to some incurable disease, are solicited to enter the army, and with a mere farce of an examination on the part of their officers, are passed, are by no means rare, as the records of our General Hospitals can attest. The reason usually given for this loose manner of filling up companies, is that the law demands a certain number of men before the regiment can be mustered into service, and consequently a large percentage of these unsound persons are received as soldiers. These soon strikingly exhibit their inability to fulfil their sworn obligations, and are turned over to the Hospitals, where they undergo thorough examination before being discharged. If the cost to the Government of clothing, equipping, transporting, feeding, furnishing medical attendance, and paying these military impostors, were accurately computed, the amount would no doubt startle the reader, and might cause the evil to be immediately corrected by proper legislation. In the Regular Army the folly of enlisting poor material is well understood by both officers and men; therefore the recruit is subjected to the most rigid examination, and even then may be taken on trial at some depot for recruits, and again be submitted to a scrutinizing inspection, before being admitted into his future company and regiment.

The fresh and youthful American volunteer leaves his home flushed with patriotism, and animated by new associations. If he be from the rural districts, he is to all appearance the personification of perfect health. Stimu-

lated by bright anticipations of the future, he may for a time resist the inroads of disease; but in a few months the novelty of long marches, guard duty, exposure, and innumerable hardships, has vanished, his mind begins to despond, and the youth is now a fair victim for fever or some other terrible scourge that is to wreck his constitution and blight his hopes. In contrast with his case is that of his older and more sturdy companion. In him we see the *man developed* before quitting his peaceful pursuits. Both are tried by the same surrounding influences, yet the balanced mind of the latter acknowledges but few worldly disappointments, and his physical economy, by obeying the judicious laws of hygiene, soon adapts itself to the man's new mode of existence. The very young soldier, it has been remarked, wears better in the cavalry than in the infantry branch of the service, and in that sphere he may have a chance to cope successfully with his hardier comrades. It is perhaps the exciting and healthy life he thus leads, the attachment he quickly forms for his horse, and his ambition to excel, that buoy up his spirits and strength against contagion in its worst forms.

The importance of strict discipline in preserving health is not at first recognised by new military organizations. Without it little can be done towards keeping clean the quarters of the men, their accoutrements, and their persons, which, taken collectively, are not unfrequently the exciting causes of many epidemics. The selecting of suitable camps, and the paying strict attention to the cooking of soldiers' rations, are responsibilities resting upon officers, and no high tones either, if they have the least desire to promote the comfort and welfare of those under their charge. It is by a lack of discipline, confidence, and respect, that many a young soldier has become discouraged, and made to feel the bitter pangs of home-sickness, which is usually the precursor of more serious ailments.

That peculiar state of mind denominated nostalgia by medical writers, is a species of melancholy, or a mild type of insanity, caused by disappointment and a continuous longing for home. It is frequently aggravated by derangement of the stomach and bowels, and is daily met with in its worst form, in our military hospitals and prisons, and is especially marked in young subjects.

The symptoms produced by this aberration of the mind, are first, great mental dejection, loss of appetite, indifference to external influences, irregular action of the bowels, and slight hectic fever. As the disease progresses it is attended by hysterical weeping, a dull pain in the head, throbbing of the temporal arteries, anxious expression of the face, watchfulness, incontinence of urine, spermatorrhoea, increased hectic fever, and a general wasting of all the vital powers. The disease may terminate in resolution, or run on into cerebral derangement, typhoid fever, or any epidemic prevailing in the immediate vicinity, and frequently with fatal results. Among young prisoners of war it is the worst complication to be encountered, as the writer can truthfully affirm, after a few months' experience in treating several hundreds of these prisoners under the most favorable circumstances.

Fresh troops serving in the extreme South, where mail communications are irregular, and where the climate is very debilitating, suffer terribly this affection. The hospitals of New Orleans and its vicinity, during the past summer, were filled with such cases, complicated with fevers and diarrhoea. The majority of them were young men from the Eastern states, whose love of home and kindred is a characteristic trait.

The diagnosis of nostalgia is not difficult in its early stages, although the patient may be unwilling to confess his mental weakness. It may possibly, however, be confounded with a depressed state of the mind, resulting from unexpected and sad intelligence.

The treatment of nostalgia would appear very simple, could we always at its onset remove the exciting cause, by allowing the patient the free exercise of his will; but from obvious reasons this is usually an impossibility. The strict

rules, usages, and exigencies of military service are insurmountable barriers against granting too free indulgence to soldiers. The surgeon must carefully attempt to relieve the patient's mind of its injurious burden by other means, such as kindness, free exercise, bathing, and agreeable associations, while he improves the tone of the stomach and bowels by generous diet and tonics. In cases where complications exist, notwithstanding his zealous efforts, the symptoms will frequently baffle his skill, and then as a *dernier ressort*, and in order to save life, or prevent permanent disability, he must recommend the man's discharge from the service.

REMEDIES

WHICH HAVE BEEN FOUND MOST USEFUL IN U. S. MARINE HOSPITAL, NEW ORLEANS, IN SOME DISEASES OF SOLDIERS.

By RUFUS K. BROWNE, M.D.,

SURGEON IN CHARGE.

I.—In debilitated, but not particularly anæmic state of the patient,

- R. Cinch. rubr. ʒij.
Anthem. ʒss.
F. ex. gentiane ʒij.
Tr. aurant. cort. ʒij.
Sodæ bi-carb. ʒij.
Aque ʒxxxij.

Boil twelve minutes and strain. Dose, half a teacupful every two hours.

This unstimulating tonic recipe has been found to be highly restorative, after others have been ineffectual. Sometimes I have used instead of anthem. the tinct. Colombo and quassia. The latter, obtained by maceration, in a menstruum of water, camphor, bi-carbonate magn., and saturated with carbonic acid gas, was found the most radically effective of all the tonics used.

If the patient be greatly enfeebled, and the digestive organs and their direct dependencies much so, consequent on protracted illness with diarrhoea, follow each dose of the above with,

- B. Santa Cruz or Jamaica rum ʒi.
Pulv. zingiberis gr. v.

or if the patient be particularly anæmic, reduced in flesh, with inability of the muscular system, give after each dose one pill of

- B. Pulv. strychnos nuc. vom. gr. j.
Pot. tart. ferri gr. v.

This form of iron has been found to exceed various others as a means of inducing replenishment of the active elements of the blood. This and the tinct. of quassia, I have stated, alternated, will alone constitute an exceedingly effective tonic; and where a tonic only was indicated it has shown its superiority over all the "bitter tonics." The same has been proved to be true of the rum, compared to either brandy or whiskey. I doubt the benefit of ever using the latter, where there has long been relaxation of the bowels.

The watery tincture, made as above described, is greatly preferable, where only a tonic influence is sought, to the alcoholic; for in the latter the menstruum itself being stimulating obliterates or nullifies the integrity of the ends of the peculiar qualities of the medicine it holds. I am confident from my recent experiences that this is the case, apparently for the reason that the stimulated condition of the stomach, which is the immediate effect of the menstruum, is not that which the medicinal virtues it holds should be addressed to. If a stimulant is given let it be given for its effects alone, and the best of fluid stimulants is either port, heavy-bodied Bordeaux, or rum.

Again, I am satisfied that the tinct. of cinchona thus obtained, is superior as a tonic to sulphate of quinine, for it contains what sulphate of quinine does not. The unbleached kind of the latter is the best of the two. Where the latter

is given with reference to an intermittent patient's condition it is better to mix it with a small proportion of morphine (gr. 1-12.) Large doses of quinine, something more than even grains, appear to me prejudicial to the system, though perfectly effective as an anti-periodic; how, I cannot yet make out. I do not on that account, however, suggest the giving of less doses.

ANTI-PERIODIC.

I have usually adopted the following for abbreviating the chill:

- Rum ʒj.
Pulv. capsici gr. iv.
" zingiber. gr. iij.

Add hot water—taken quite hot. If the chill be quite severe a little pulv. ipecac may be beneficially added. For febrile conditions of the system, where the rate of the pulse is high, as in pneumonia, or gastric irritation, or common fever, a combination of squills and tinct. veratrum viride is unfailing; by it you rapidly modify the temper of the circulation, but there its efficacy ends. The combination is not a remedy in any other sense; whatever else is to be done requires something else. The topical application of veratria and glycerine has proved very convenient and efficacious in the permanent relief of superficial pains.

The following recipe has been found an unfailing and undisturbing evacuant of the bowels, alike so where there is frequency of the discharges and consistency, or constipation, following them,

- R. Ol. ricin. com. ʒss.
" olivi ʒss.
" tigllii gtt. j.

Es. ol. piper. menthæ gtt. iv.

It is especially invaluable where you are oppressed with the apparition of Scylla or Charybdis—the dread of a return of an exhausting condition of the bowels, or a fear of continued constipation.

The peculiar advantage of this recipe is, that while it is unfailing as a thorough evacuant it leaves the bowels in a perfectly undisturbed condition, without provocation to repeated discharge, or jaded to subsequent torpidity. I am aware that as much is frequently said of other remedies for a similar purpose, but I know of none that is equally unfailingly efficacious, while it is agreeable to the intestinal canal. When a stirring or renovating effect is required from the stomach, or the liver, by means of their vascular coalition, hydrargyri chlor. mitis may be added to it or may precede it. With this addition it is especially efficacious in renewing the normal action of a torpid liver, and inducing the onward passage of unduly collected biliary ingredients. The fecal discharges will be at once, and so far as I have seen, uniformly as characteristic as those of the action of mercury in young children.

I am not yet wholly confident of the fact, but strongly inclined to it, that this evacuant is better in the purgative plan of treating common diarrhoea than any of the saline compounds.

As regards that plan it is perfectly rational as well as successful, since it is evident to the least reflection that the state of the active alimentary canal, whatever it may be after the medicine has effected it, cannot be the same as prior to that effect. It will hardly pass the "muster" of reason to say that the fact there is copious discharge in one case, and the other proves the identity of the pathological condition of the canal before and after the remedy, any more than to say that the nausea of pregnancy, and that from totally different causes, proves the same condition of the stomach. In that plan of treating diarrhoea the change effected by the medicine is frequently of itself alone curative. Neither is it any better philosophy to say as explanation, that the cause of the diarrhoeic state of the alimentary canal is retained feces, and that the saline compound removes these, leaving that state unchanged so far as its effect is concerned, the change, if there is one, being

mostly due to the removal of these feces. But even this is ineffectual as an explanation, for these feces are not removed by the medicine (as we flush a ditch), but by the action of the alimentary canal which has been induced by the medicine. It is the alimentary canal which evacuates, and that which prior to the influence of the medicines it could not or did not evacuate. There was thus in fact some change induced in its state by the influence of the saline compound, and this is precisely what we first said. I find here the tartrate of soda to be the best of saline cathartics, and the following to be the very best pill where feces have collected mainly in the lower part of the bowels, and then become more or less consolidated:

R. Aloet. socotrin., gr. xx.
Acid sulphurici dilut., gtt. x.

M. f. pil. No. 4.

one to be taken every hour until discharged. However long the constipation, this will always relieve the bowels with very little or no sense of its effect. For, again, the discharge of the feces resists the effect (though it is always called so) of the medicine. That effect is on the bowels, which is not feces, but an animate structure. The effect, if any, consists in that. In making just such discrimination, and hence corrections, as these two instances, scientific progress consists, however little this may be towards it. As to the first of these two recipes, it completely combines the full measure of the certain efficacy of the oleum tiglii, devoid of its irritating or straining effects, with the insipid and mollifying effect of the ricinus communis. When it contains the essential oil it has always appeared to me to have a perceptibly mollifying influence on any prior tenderness of the bowels, even before the discharge takes place, and the bowels are evacuated without any prior sense of irritation in the bowels or the rectum at the moment of discharge. It is peculiar that they are uniformly two in number, nor do they ever leave that sense of weariness—that feeling of “goneness” [vide patient's clinical nomenclature] referred to the alimentary canal, which is the invariable concomitant of the use of saline cathartics. Of these latter the one which leaves the very least of this, and is thoroughly effective, is “tartrate of soda,” which has been found, if repeated doses of a saline cathartic are required, to have properties and effects scarcely objectionable. It does not fail in moderate doses, and is superior to citrate or sulphate of mag. or bi-tartrate of potassa, is a gentle refrigerant, and especially their superior in the design of aperient effects in febrile diseases. It does not ever disturb the normal state of the kidneys, and unless the patient is much depleted of the animal fluids occasions no sense of thirst, but the contrary. Where the stomach is not acid, and there is a reactionary state of the bowels from previous diarrhoea, and the tonic first named is indicated, institute tartrate of soda, a large proportion for the bi-carbonate.

I only attach the merits to these I have represented, because these merits are important virtues, where you are kept by diarrhoea under a constant reign of fear of interfering with your patient's bowels by aperients, if you have once been so fortunate as to arrest the exhausting discharges. The simplest farinaceous diet will frequently return these, and from that moment the patient may date his declension to death. He will live and linger, but finally he succumbs, worn, worried, and weakened to death. This was the brief history of hundreds of cases until the autumn set in.

DIARRHOEA.

I have sometimes arrested the continuance of this exhausting form of diarrhoea, when every other article in the hospital dispensary had failed, by

R. Pulv. resinæ communis gr. viij. or x., given in water, pulv. acacie, or even powder of arrow-root may be added to this, if the discharges are streaked with blood.

In that case also the following:

R. F. ex. gentian. 3ij.
F. ex. senegæ 3j.
Syr. ipecac 3ij.
Gum. acacie 3i.
Aque 3ij. M.

A teaspoonful every two hours. The senega is a restorative; *how*, I do not know. I have invariably found it a useful adjunct in tonic mixtures. The nearest a uniformly efficacious diarrhoea powder, and generally efficacious where the diarrhoea has not been long uninterrupted, is

R. Pulv. gum. acacie 3ij.
Cretæ prep. 3j.
Pulv. kino 3i.
Pulv. ipecac. gr. v.

Div. in p. æq. No. xx., one after each discharge. This with mucilaginous drink, where there is torpidity of the bowels, in the highly enfeebled, if we suspect but little fecal contents, and dread any disturbance of the system, and the stomach and perhaps bowels are weak.

R. Ol. ricini 3i
Ol. morrhue 3ss.
Gum. acacie 3ij.
Aque menth. pip. 3iv.
Tr. opiigt. xl.
Spts. terebinthinæ gtt. xxv.

A tablespoonful every two hours. It is particularly useful where there had previously been intestinal capillary hæmorrhage, or where there is continued intestinal torpidity, and the patient is confined to his bed.

In moderately reduced states of the system, where there is almost a daily recurrence of slight febrile symptoms without rigor, give

R. Tr. serpentariæ 3j.
Tr. rhei 3j.
Tr. zingiberis 3j.
F. ext. valerian. 3j

Tablespoonful every two hours. The nerving in combination with the ginger is a particularly kind but efficacious queller of the febrile temper. I have never found any particular benefit from serpentaria alone. Of that and in such a case the tincture is better than the infusion. For immediate and entire subsidence of flatulent colic or pain,

R. Liquor. ammon. } aa.
Chloroform }

gently rubbed over the epigastrium is particularly efficacious.

Of course none of these receipts are the product of refined pharmacy. It is because they are not, and that their ingredients may be found in any of the army dispensaries, that I recount them; they are general remedies, and now is the moment when, in nearly similar conditions elsewhere, they may be found very useful.

Reports of Hospitals.

BELLEVUE HOSPITAL.

CASE OF HYDROPHOBIA.

[Reported by Dr. T. K. CHANDLER, House Surgeon.]

WM. O. LEAHY, set. 48, native of Ireland, a laborer, was admitted to Bellevue Hospital, Jan. 7th, 1863. Service of Dr. Alfred L. Loomis.

History.—Has always been temperate and healthy, with no predisposing tendency to disease. Between two and three months ago he was bitten in the palm of his right hand by a dog which was not supposed to be rabid, and which was afterwards killed. The skin was lacerated, and bled somewhat, but the injury excited no apprehension in the mind of the patient, and he did not mention the incident to his family. He continued perfectly well until Tuesday the 6th of January, when he began to experience pain in the right arm and shoulder, but referred it to a wetting which he received the day previous. On Tuesday

evening he complained of chilliness and of a difficulty in swallowing, and on Wednesday these symptoms were aggravated. The patient could not swallow owing to a spasm in the throat, and complained of feeling very cold; he also hawked and spit a great deal, and made frequent attempts to vomit. The manner of the patient was hurried and peculiar, but his friends did not regard him as being deranged until towards evening. At six o'clock P.M. he was admitted to the hospital, at which time he presented the following symptoms:—He was extremely agitated and restless, and in constant and rapid motion. He talked wildly and incessantly, and would sometimes look anxiously about the room and under the bed. His pupils were somewhat dilated, his tongue moist and slightly furred, and his pulse strong and rapid, being about 140 beats per minute. The patient was constantly spitting a tenacious mucus, and once or twice he vomited a greenish fluid. When urged to drink, he would carry the cup slowly and hesitatingly to the angle of his mouth, often stopping in the act, and then with a sudden motion, and with evident effort, would take a single swallow. After tasting any fluid he would immediately pass water, his necessity being apparently most urgent.

This general condition continued with but little change for several hours. Sometimes the patient would become composed, and would lie down and cease talking, but these intervals of quiet were evidently due to exhaustion.

At ten o'clock treatment was commenced by giving him a grain of opium, or its equivalent in Majendie's solution, every hour for four hours. Under this agent the patient gradually became more calm, and remained quietly in bed most of the time. At half-past two o'clock his pupils were moderately contracted, the number of respirations reduced to seventeen in the minute, and his pulsations to ninety-two. He slept none. He could now swallow fluids without much difficulty, and would at times talk rationally.

The opium was now suspended for two hours, during which period the patient remained much the same; it was then renewed, and continued in about the same doses, and with the same results, until nine o'clock A.M.

Towards morning the pulse became more weak and frequent, and an ounce of brandy, together with beef-tea, was given every hour by injection. At half-past nine o'clock the patient began to stagger, and complained that he could not see. He was at once placed on the bed, when his muscles grew rigid, presenting the appearance of a general tetanic spasm. His body became curved like a bow, being supported by but two points, the top of his head and his heels.

During the continuance of the spasm, which lasted two or three minutes, the patient grated his teeth, his eyes were rolled up, and his face became livid, but he did not foam at the mouth. Two similar fits or spasms quickly succeeded the first, and these were the only ones the patient was observed to have during his illness. He died soon after the third fit.

Section Cadaveria.—Rigor mortis well marked. The abdominal muscles were in the same state of tension as during the continuance of the general spasms. The thoracic and abdominal organs were essentially healthy, save that the kidneys presented slight traces of Bright's disease. The meninges of the brain and spinal cord were, however, markedly congested, but the pia-mater more than the dura-mater. Dr. H. W. Cook made a careful microscopical examination of the blood of the cord, but found no lesion there.

Six young natives of Algeria are to be admitted into the School of Medicine of Algiers after special examination, and then sent forth into their native provinces as doctors of medicine. This liberal conduct of the government, says the French journalist, contrasts favorably with that of the English government, which refuses to admit into the army graduated natives of India as medical men.—*Brit. Med. Journ.*

Reports of Societies.

FIFTY-SIXTH ANNUAL MEETING OF THE UNITED STATES MEDICAL SOCIETY.

THE Society met pursuant to Statute, in the room of the Court of Appeals, Capitol, at 11 o'clock Tuesday morning, and was called to order by the President, Dr. THOMAS HUN, of Albany.

The following gentlemen registered their names, and took their seats:

Thomas Hun, Albany; Sylvester D. Willard, Albany; O. White, New York; A. L. Saunders, Brookfield, Mass. Co.; James Lee, Saratoga; M. M. Wood, Greene, Chenango; Jas. Ferguson, Glens Falls, Warren Co.; D. P. Bissell, Utica; Thos. W. Blatchford, Troy; J. G. Snell, Amsterdam, Montgomery Co.; N. H. Deering, Utica; Simon Snow, Root, Montgomery Co.; U. Potter, Hallsville; E. F. Arnold, Yonkers, Westchester Co.; L. A. Smith, New Jersey Medical Society; B. J. Raphael, New York; B. P. Staats, Albany; Henry S. Downs, New York; N. C. Husted, New York; H. W. Dean, Rochester; D. Ely, Rochester; Joel Foster, New York; Chas. Barrows, Clinton, Oneida Co.; S. M. Van Alstyne, Richmondville, Scho. Co.; Jas. H. Wood, New York; Darwin Colvin, Clyde, Wayne Co.; O. M. Allaben, Delaware Co.; Hiram Corliss, Greenwich, Wash. Co.; Peter P. Staats, Albany; T. B. Reynolds, Wilton, Sar. Co.; Isaac E. Taylor, New York; J. Stearns, Pompey, Onondaga Co.; Julius Auerback, Rockville Centre, Queens Co.; Caleb Green, Homer, Cortland Co.; Geo. Cook, Canandaigua, Ont. Co.; H. N. Porter, Lee Centre, Oneida Co.; Hiram Adams, Fabius, Onondaga Co.; J. V. Cobb, Rome, Oneida Co.; M. L. Finch, Jonesville, Saratoga Co.; S. H. Freeman, Albany; T. C. Fennell, New York; Guido Furman, New York; Moses C. Hasbrouck, Rockland; Chas. C. F. Gay, Buffalo; Sandford Eastman, Buffalo; Wm. Taylor, Manlius, Onondaga Co.; Fred. Hyde, Cortland Co.; Nelson Nivison, Bardett, Schuyler Co.; Jno. Ferguson, Davenport, Delaware Co.; C. C. Covey, Stamford, Del. Co.; S. Barrett, Le Roy, Greene Co.; C. Pierce, St. Lawrence Co.; Wm. H. Fish, Schuyler Co.; J. K. Leaning, Fly Creek, Otsego; Chas. F. Taylor, New York; Joseph Bates, Lebanon Springs; J. J. Buckbee, Montgomery Co.; Jas. Whitford, Madison Co.; Howard Townsend, Albany; H. S. Crandall, Alleghany Co.; Cyrus Ramsay, New York; C. V. Barnett, Greene Co.; G. Z. Cole, St. Lawrence; R. D. Carpenter, Long Island; S. T. Hubbard, New York; Hiram McNutt, Warren Co.; E. Blawie, Wash. Co.; Wm. Oakes, Madison Co.; Wm. Stewart, Otsego Co.; Jno. Flint, Washington Co.; A. B. Case, Steuben Co.; J. N. Northrop, Albany; A. Willard, Chenango Co.; W. H. Bailey, Albany; Chas. A. Lee, Peekskill; P. Stewart, Peekskill; W. Van Steinberg, Cohoes; G. Botsford, Greene Co.; P. Van Dye, Oswego; J. V. P. Quackenbush, Albany; E. W. Carmichael, Rensselaer Co.; J. H. Douglas, Utica; D. G. Thomas, Utica; E. M. Bostwick, Columbia Co.; Thos. C. Brinsmade, Troy; Wm. P. Seymour, Troy; S. S. Cartwright, Delaware Co.; S. O. Vanderpoel, Albany; P. V. N. Morris, Washington Co.; S. G. Wolcott, of Utica; Griffin Sweet, Herkimer Co.; Wm. Govan, Rockland Co.; Jno. G. Adams, New York; G. J. Fisher, Sing Sing; J. Fowler, Geneva; H. M. Knight, Connecticut; J. M. Minor, Brooklyn; Jno. W. Greene, New York; Jacob Hunt, Utica; Jno. Swinburne, Albany; E. E. Squibb, Brooklyn; DeWitt C. Enos, do.; A. K. Gardner, New York; L. F. Pelton, Westchester Co.; Freeman Tourtelot, Saratoga Co.; Alden March, Albany; P. McNaughton, Albany; L. J. Tefft, Oneida Co.; H. K. Willard, Catskill; J. P. Whitbeck, West Troy; John E. Gregory, Troy; U. G. Bigelow, Albany; Mason F. Cogswell, Albany; Henry C. Gray, Washington Co.; A. D. Huff, Rensselaer Co.; H. A. Carmington, Rensselaer Co.; L. Moore, Albany; John B. McEwen, New York; J. H. Wheeler, Greene Co.; L. G. Warren, Albany; L. A. Sayre, New York; E. R. Peaslee, New York; John Ordronaux, Queens Co.; W. T. Carter, Albany; P. H. Thomas, Rensselaer Co.; E. H. Parker, Poughkeepsie.

Dr. HUN then read his Inaugural Address, as follows:

The By-Laws of the Society make it the duty of the President, at the opening of the session, to speak of the condition of the Medical Profession in the State, and to call attention to such matters as may require the action of the Society. At this time our thoughts naturally turn first of all to the War in which our people are engaged, and to its influence on our profession.—The State of New York was suddenly called on to furnish about six hundred Surgeons and Assistant-Surgeons for the volunteer regiments, and when we take into account how utterly unprepared we all were by education and experience for such service, it must be admitted that the response to the call was quite as satisfactory as could have been expected. The medical care of the camp and military hospital differs so greatly from the duties of the practitioner in civil life as to demand a special training and discipline; and yet with the versatility of talents characteristic of our countrymen the Surgeons selected have not failed in any marked degree in the beginning, and are now rapidly improving. They certainly have not failed in self-devotion or in courage, and when we read of Surgeons who a few weeks before were going on their peaceful grounds, performing their duties under heavy

fire, and remaining with the wounded to share their captivity, we have good right to be proud of our brethren.

They have not been deficient in moral qualities, nor so much in professional skill, as in attention to those regulations by which the health of camps is preserved. There has been too much reliance on the medicine chest and on surgical instruments, and too little care of diet, pure air, cleanliness, and other hygienic conditions. This is the common defect of our profession, both in civil as well as in military practice, but it has been more obvious in the latter because of the larger scale on which its consequences are exhibited.

The transactions of our Society for the last few years bear witness to the interest felt by the members both in public and in private hygiene, a subject which is far from having received all the attention it merits. It is to be hoped that this movement, which has at the foundation a most important reform in medical practice, may be continued.

Our profession is now, I believe, in a more sound condition than at any previous time. The standard of education in our principal medical schools is higher, and pupils go forth much more thoroughly educated than a few years ago. The war, with all its evils, is exercising a salutary influence in the Medical profession. The examinations for admission to the medical service of the army and navy set up a high standard of excellence, and as this service presents a most desirable career for young men a strong inducement is held out to students to strive to come up to it. The benefit of these examinations is thus made to reach not only those who are successful in their application, but also all those who, though they fail, yet have tried to prepare for them. Their influence on the medical colleges is also most excellent, for students wishing to prepare for difficult examinations, will go to those colleges which afford the most instruction and not to those in which degrees are most easily obtained. They have already led to the establishment of a chain of hygienic and military surgery in some of our Colleges. This serves to illustrate the working of a principle which has been proposed as a basis of reform and improvement in our medical schools, which would consist in the separation of the duties of teaching and examination, so that students might be induced to give preference, not to those Colleges which offer diplomas on the easiest terms, but to those which afford the best opportunities for preparing for examinations.

The American Medical Association has not met for the last two years, on account of the war, and it will be a matter for consideration whether the Society will recommend that a meeting of such members as can assemble under present circumstances shall be held.

I have received from the President of the Massachusetts Medical Society a communication addressed to the State Medical Society, on the subject of "Abuses in the Ambulance Service in the U.S. Army," which I will submit to the Society. I believe, however, this subject has received the attention of the proper authorities, and that the abuses complained of have been corrected.

It only remains for me to welcome you to our city, and to thank you for the honor you have conferred in calling me to preside over your deliberations.

Drs. Blatchford, Saunders, and S. D. Willard were named as a committee on credentials.

Drs. Armsby, Deering, and Bissell were appointed a committee on the President's address.

Drs. Cobb and Potter were appointed as a committee to invite medical members of the Legislature to a seat.

Dr. L. A. Smith, a delegate from the New Jersey State Medical Society, was introduced, and was warmly received.

Dr. Hunt, of Hartford, and Dr. Beckwith, delegates from the State Medical Society of Connecticut, were also introduced to the Society.

The Committee on Credentials presented the names of the following gentlemen, invited to seats as Honorary Members during the sessions: Benj. D. Carpenter, of Long Isl-

and; Cyrus Ramsey, of N. Y.; William Oakes, of Madison Co., N. Y.; Hiram McNutt, Warrensburg, Warren Co.; J. J. Flint, Fort Edward, Wash. Co.; William Seward, South Worcester, Otsego Co.; A. Gow, Schuylerville, Saratoga Co.; Hiram Watkyns, Walpole, N. H.

Dr. TAYLOR, of the Onondaga Medical Society, presented an address delivered by Dr. Israel Parsons, President of the Onondaga Society, before said Society at its annual meeting, on the subject of "Diphtheria." Referred to Publication Committee. Dr. GUIDO FURMAN, of N. Y., presented several communications from the New York County Medical Society, consisting of a "Report of the Meteorological Committee of the Society;" also a report of "Case of Procidencia Uteri, of fifteen years' duration, with extreme ulceration of the neck," by Dr. Isaac E. Taylor. Referred to Publication Committee.

Dr. B. P. STAATS, Chairman of the Board of Censors of the Eastern District, reported that they had examined and recommended to the President of their Society, for diplomas, the gentlemen whose names follow: J. Dufendorf, Montgomery Co.; Louis Applegate, Herkimer Co.; Wm. W. Squire, W. T. Calland, G. A. Chosley, John H. Burland, and Joseph Leman, of Montreal, Canada. Dr. JOEL FOSTER, Chairman of the Board of Censors of the Southern District, reported that they had examined and recommended to the President of the Society for diploma, Dr. Coles.

Dr. BLATCHFORD announced the death of Zenas Cary, a delegate to the Society, and Dr. B. was directed to prepare an obituary notice for publication in the Transactions. Dr. JOSEPH BATES announced the death of Dr. Robert G. Tracy, of Hudson, Columbia County, and was requested to prepare an obituary notice for publication in the Transactions. Dr. RAPHAEL announced the death of Dr. John C. Cheesman, and was requested to prepare an obituary notice for publication in the Transactions. The death of Dr. John T. Sheldon, a former delegate, was announced, and Dr. ONDINOT was announced to prepare an obituary.

Dr. CYRUS RAMSEY, Registrar of Records and Statistics, city of New York, presented a paper on the statistics of some of the diseases of New York and London.

Dr. HENRY S. DOWNS, of New York, read a paper entitled "Post-Pharyngeal Abscess." Dr. THOMAS C. FINNELL presented a Pathological specimen, and made some remarks. Dr. JULIUS AUERBACK read a paper entitled "De Lunatico Inquirendo."

The President announced the following Committee on Nominations: 1st district, Oliver White; 2d district, P. Stewart; 3d district, Thomas W. Blatchford; 4th district, James Ferguson; 5th district, N. H. Deering; 6th district, C. M. Crandall; 7th district, Wm. Taylor; 8th district, H. W. Dean.

Dr. LEWIS A. SAYRE, of New York, read a paper entitled, "A Remarkable Case of Deception." Dr. E. S. F. ARNOLD, of New York, presented a paper entitled, "On Medical Provision for Railroads," which was referred to the Publication Committee. Dr. S. BARRETT read a paper entitled, "A Case of Delirium Tremens, treated by large doses of Digitalis." Dr. AUGUSTUS WILLARD presented for Dr. Baker, of Chenango, a paper entitled, "A Case of Lithotomy." Dr. OAKES presented a Pathological specimen passed from the bladder of a man in Hamilton.

AFTERNOON SESSION.

Dr. C. F. TAYLOR read a paper entitled "Treatment of Potts' Disease of the Spine." Dr. F. HYDE read a paper entitled "Fractures of the Cranium." Dr. B. RAPHAEL gave a brief synopsis of a paper entitled "On the Ligation of Arteries." Dr. CHARLES A. LEE read a very valuable paper entitled "On Foreign Military Hospitals." Dr. GEORGE COOK read a paper entitled "A Case of Insanity." Dr. CASE read a brief sketch of a case of disease of the Uterus.

SECOND DAY—FORENOON.

Dr. J. G. ADAMS, from the committee appointed to attend the Connecticut Medical Society, reported. Dr. SQUIBB

reported that the United States Pharmacopoeia is now complete except the preface and index. DR. S. D. WILLARD presented a report from Dr. J. G. Orton on Medical and Surgical Statistics. The committee was continued another year.

DR. BLATCHFORD reported a case of hydrophobia. DR. D. G. THOMAS read a paper on ovarian dropsy.

DR. ARMSBY announced the bequest of \$500 by the late Dr. M. H. Cash.

DR. C. A. LEE offered resolutions approving the appointment of a commissioner of lunacy, and moved a committee to confer with the legislative committee.

DR. CORLISS reported a case of enlarged liver. DR. S. D. WILLARD presented papers by Dr. Gilfillan, of Brooklyn, on Tracheotomy in Diphtheria, and by Dr. JOHNSON on Exsection of the Ankle Joint. DR. WILLARD presented an additional list of Surgeons in the Army from New York. DR. GARDNER read a paper on Ovariectomy. DR. QUACKENBUSH read a paper on Pelvic Presentation. DR. MARCH read a paper on the wound of Garibaldi, and presented an instrument for the removal of balls. DR. ENOS read a paper on plaster of Paris dressing in club foot.

SECOND DAY—AFTERNOON SESSION.

DR. SAUNDERS presented a communication from the Madison County Medical Society, being an address delivered before said Society, on Diphtheria, by Dr. Saunders.

MR. BRINSMADE, from the committee appointed to draft a Sanitary Code for the State of New York, made a partial report, and asked for further time to complete their labors.

DR. LEE, from the committee appointed to compare the Code of Medical Ethics adopted by this Society in 1823 with that of the American Medical Association, which has also been adopted (1847), and present a revised copy to the Society at its next annual meeting, reported that they had carefully compared the two Codes above mentioned, and that they find no essential difference between them, except that, in the Code adopted by the American Medical Association, it is stated to be derogatory to the character of a physician to take out a patent for a surgical instrument. As this subject was fully discussed at the last meeting, the committee do not enter into its discussion, but present the following resolutions:

Resolved, That a committee of three be appointed by the President to bring this subject before the next meeting of the American Medical Association, with a view to the reconsideration of this article.

After a brief discussion the resolution was indefinitely postponed.

DR. BRINSMADE, from the committee appointed to report on Epidemics in the 3d Congressional district, reported that he had been unable to collect from medical gentlemen residing in the district the necessary statistics, and he, therefore, reported on the subject with reference to his own city, Troy. Referred to Pub. Com.

DR. SAYRE gave a synopsis of a report to be prepared for the Transactions on Hip Disease. DR. ADAMS presented a paper prepared by Dr. T. B. Gunning on the "Treatment of Fractures of the Lower Jaw, by a new method."

THE PRESIDENT announced the following committee on the Cash bequest: Drs. Armsby, S. D. Willard, Blatchford, Chas. A. Lee, and Govan.

DR. SWINBURNE read a paper on "Exsections." Before concluding he gave way for a motion to adjourn, the conclusion of his paper being made the special order for Thursday morning.

On Wednesday evening the President, Dr. Hun, delivered an eloquent, truthful, and instructive address, a copy of which was solicited, for publication in the Society's transactions.

THIRD DAY.

DR. C. W. CRANDALL offered the following:—

Whereas, The present Civil War has caused the hospitals of the District of Columbia to be filled with sick and wounded soldiers from this State proportionate to the number of volunteers sent out.

And whereas, Every safeguard possible should be thrown around those who have periled their all for us. Therefore,

Resolved, That the New York State Medical Society respectfully request of our Legislators and Executive to earnestly consider the propriety of appointing an agent to reside at Washington, who shall be a Physician and Surgeon, with clerical assistants, whose only business shall be to look after the interest and welfare of the sick and wounded of the State of New York.

THE SECRETARY read a communication from the Medical Society of Massachusetts, upon the subject of the Ambulance Service of the United States Army, calling attention to the gross abuses existing therein, and requesting sister societies to take action in the matter.

A discussion ensued, participated in by several gentlemen who had been on different battle-fields, showing the necessity for action in the premises.

Drs. Ordronaux, Garrish, and Corliss were appointed such committee.

DR. ARMSBY, from the committee appointed to report on the disposition of the legacy of \$500 of the late M. H. Cash, recommended that the money be devoted to the establishment of a Prize Fund, the income thereof to be given annually, or every two years, as the "Merritt H. Cash Prize," to the author of the best original essay on such medical or surgical subject as may be designated by a committee of the Society, and that the treasurer of the Society be trustee of the fund. Dr. Armsby suggested that there be annually appropriated from the funds of the Society a sum equal to the annual income of the Cash Prize Fund, and for the same purpose. Agreed to. Drs. Blatchford, Ordronaux, and Parker were appointed a committee on the Cash Prize Essay.

DR. LEE, from the Committee on Introductory Address of the President, reported resolutions recommending the establishment of an Army Medical School by the General Government, and also requesting the American Medical Association to hold its regular annual meetings, notwithstanding the existence of the present war. The first resolution was laid on the table, and the second adopted.

The Committee on Nominations presented the following report, which was accepted, and the gentlemen named therein were elected:—

President, DANIEL P. BISSELL, of Utica; Vice-President, JOEL FOSTER, of New York; Secretary, SYLVESTER D. WILLARD; Treasurer, JOHN V. P. QUACKENBUSH.

Committee on Publication.—Drs. Thomas Hun, Sylvester D. Willard, and Howard Townsend.

For Censors.—Southern District, Nathaniel C. Husted. Austin Flint, Benjamin Drake; Eastern District, T. C. Brinsmade, Barent P. Staats, Peter McNaughton; Middle District, Jenks S. Sprague, Charles B. Coventry, A. F. Doolittle; Western District, Alex. Thompson, H. W. Dean, Edward Hall.

Committee on Correspondence.—First District, John H. Griscom; Second Dist., John Ordronaux; Third District, Wm. P. Seymour; Fourth Dist., Hiram Corliss; Fifth District, Luther Guiteau; Sixth Dist., John G. Orton; Seventh Dist., Lake I. Teft; Eighth Dist., James P. White.

For Election as Permanent Members.—First District, Henry T. Downs, Henry L. Bulkley; Second Dist., Lewis F. Pelton, John R. Cooper; Third Dist., Jacob Newkirk, John Swinburne; Fourth Dist., James Ferguson, Alexander Ayers; Fifth Dist., J. Rathbun, Hiram Adams; Sixth District, J. H. Chamberlayne, Wm. H. H. Parkhurst; Seventh Dist., George Cook, G. Y. Barnett; Eighth Dist., H. W. Dean, Douglas Bly.

Eligibility to Permanent Membership.—First District, Samuel L. Hubbard, Guido Furman, Lewis A. Sayre, B. W. Raphael, Julius Auerbach, John Ordronaux, J. C. Hutchinson; Second Dist., Edmund S. F. Arnold; Third Dist., U. G. Bigelow; Fourth Dist., R. Blauvis; Fifth District, Samuel G. Wolcott, Isaac H. Douglas; Sixth Dist., Wm. H. Fish, of Schuyler Co.; E. M. Alba, of Alleghany Co.; Seventh Dist., J. Fowler; Eighth Dist., John Root, Solomon Barrett.

Nominated for Election as Honorary Members.—John M. Cuyler, U.S.A.; W. Braithwaite, of London; Thomas Jennings, of Nashville; Pinckney Webster Ellsworth, of

Hartford, Ct.; R. Satterlee, U.S.A.; S. W. Butler, of Philadelphia.

Nominations for Eligibility to Honorary Membership.—Dr. J. G. Beckwith, Litchfield, Ct.; Dr. E. R. Hunt, of Hartford, Ct.; Dr. Lyndon A. Smith, Newark, N. J.; Dr. Wm. W. Rutherford, Harrisburg, Pa.; Dr. Ralph Denig, Litchfield Co., Ct.; Dr. H. M. Knight, Lakeville, Ct.; Dr. Stephen Wickes, of Orange, N. J.; Dr. James Cowper, Newcastle, Del.; Dr. James Kirkrid, Philadelphia, Pa.; Dr. Charles A. Pope, St. Louis, Mo.

Delegates to American Medical Association.—Nicoll H. Dering, N. Corliss, Henry S. Downs, E. R. Squibb, Thomas W. Blatchford, C. V. Barnett, H. W. Dean, T. B. Reynolds, Theo. L. Mason, S. O. Vanderpoel, Wm. Govan, Oliver White, Thos. C. Brinsmade, E. H. Parker, C. A. Dayton, D. P. Bissell, J. C. Van Hovenburg, Wm. P. Seymour, Chas. S. Wood, Thomas Hun, Sanford R. Hunt, Henry C. Gray, Joseph C. Hutchinson, N. C. Husted, N. Crispell, Charles E. Van Anden.

Delegates to the National Quarantine and Sanitary Convention.—John G. Adams, Elisha Harris, John H. Griscom, Theo. L. Mason, Thomas C. Brinsmade, Hiram Corliss, Howard Townsend, J. M. Minor, Wm. Govan, S. O. Vanderpoel.

Delegates to State Medical Society of Connecticut.—Philaender Stewart, L. C. Fennell, T. C. Brinsmade.

Delegates to State Medical Society of New Jersey.—Thomas W. Blatchford, John W. Greene, Lewis A. Sayre.

Delegates to Massachusetts State Medical Society.—Isaac E. Taylor, James R. Wood, John G. Adams.

Delegates to Vermont State Medical Society.—John V. P. Quackenbush, Henry C. Gray, C. L. Mitchell.

Delegates to New Hampshire State Medical Society.—Edward H. Parker, Wm. Govan, Alfred Watkins.

Delegates to Pennsylvania State Medical Society.—Chas. A. Lee, Dr. Furman, Dr. Raphael.

The following resolution was adopted by the Committee:—

Resolved, That the Secretary of the Society be authorized to fill any vacancy that may occur in the several delegations to the State Societies.

DR. ORDONAU, from the committee appointed to take into consideration the Ambulance service, reported that the pending action of Congress in relation to the organization of the Ambulance Corps renders all further action by the committee unnecessary; but they are of the opinion that it is in the power of the Governor, by the appointment of a local Medical Agent, or Agents, in Washington, to provide additional means of relief for our sick and wounded soldiers, while being transferred to their homes, and they accordingly recommend that the Society confer with such sister societies, in other States, as may be inclined to act in concert with it, to further this matter. The Committee recommended that Drs. Swinburne and S. D. Willard be appointed a committee to present the whole subject to the Governor. Report adopted.

The Society then adjourned.

MEDICAL GRADUATES AT YALE COLLEGE.—The following gentlemen received the degree of M.D. at the late commencement of the Medical Department of Yale College, at New Haven:—Judson Boardman Andrews, Mechanicsville, N. Y.; Albert Gordon Browning, Woodstock; Henry Sylvester Cornwell, New London; Marcus Brutus Fisk, Stafford; Newton Bushnell Hall, Branford; Cyrus Edward Humiston, Cheshire; Charles G. G. Merrill, Newburyport, Mass.; William Chester Minor, New Haven; William Burritt North, New Britain; Charles Joseph Tennant, Franklin, N. Y.; Frank Benjamin Tuttle, Naugatuck.—*Bost. Jour.*

The Ophthalmic Congress has selected Vienna as the place of its next annual meeting, and has appointed Arlt, Blodig, Gulz, Jäger sen. and jun., and Stedwig, as committee-men.—*Brit. Journ.*

American Medical Times.

SATURDAY, FEBRUARY 14, 1863.

INCREASE OF THE ARMY MEDICAL CORPS.

THE bill recently introduced into Congress to give greater effectiveness to the medical department of the army provided an increase in the force. The increase proposed was not limited to any particular branch of the medical staff, but additions were to be made alike to the regular and volunteer staff, to the inspectorial corps, and to the number of the medical cadets, storekeepers, etc. There was to be added to the present medical corps one Assistant Surgeon-General, two Medical Inspectors-General, twenty surgeons and forty assistant-surgeons to the regular army; fifty surgeons and two hundred and fifty assistant-surgeons to the volunteer army; ten medical storekeepers, and as many medical cadets as the SURGEON-GENERAL might deem necessary.

The sections of the bill making this increase in the force of the medical department were drawn in accordance with the recommendations of the SURGEON-GENERAL in his annual report. The increase of the number of surgeons and assistant-surgeons is rendered necessary to supply the hospitals with proper medical attendance. The Medical Inspecting Corps is pronounced by the SURGEON-GENERAL to have been productive of excellent results, but the number of inspectors is too limited for the work that is to be performed. The medical cadets, a most serviceable class of hospital attendants and storekeepers, are altogether too few for the service. The necessity of an increase in the medical force will be seen from the following statement of the aggregate of patients and surgeons:—

The number of patients now under the exclusive care of the medical department of the United States cannot be less than one hundred thousand.

According to the Army Register of August, 1862, the following is the surgical force of the army:

Surgeon-General, with the rank of brigadier-general	1
Assistant Surgeon-General, with the rank of colonel	1
Medical Inspector-General, with the rank of colonel	1
Medical Inspectors, with the rank of lieutenant-colonel	8
Surgeons, with the rank of major	49
Assistant-Surgeons, with the rank of captain	14
Assistant-Surgeons, with the rank of first lieutenant	98
Surgeons of Volunteers, with the rank of major	158

Total 330

If to the above are added three regimental surgeons to each regiment of three years' volunteers (400 regiments), and two to each regiment of nine months' men (300), making in all 1,800 surgeons appointed by the States, the aggregate medical force engaged in the service of the United States, consists of 2,130 surgeons of all grades.

From this Exhibit it appears that there are but about 320 surgeons and assistant-surgeons available for the care of the sick in hospitals, which number seldom less than 50,000, and occasionally amount to 90,000. To meet this deficiency the SURGEON-GENERAL is obliged to employ medical men in civil practice, the number of whom is now upwards of 1,500. This class of men for the most part enter the service without previous examination, and being non-commissioned they are not as reliable as those who regu-

larly enter the service. If the medical corps is therefore to be rendered fully equal to the service a large increase is absolutely necessary to every branch.

In advocacy of the bill SENATOR POMEROY said:—

"This bill, with those already passed, only allows one Assistant Surgeon-General and three Medical Inspectors-General, and sixteen Inspectors, with the rank of lieutenant-colonel; I think we ought not to discriminate against any of these departments of the services. Formerly, in time of peace, the Medical Department expended only about \$60,000 a year. We are working now under the estimate of \$12,000,000 for that department, and yet we have not given them either additional clerical force, or additional pay or rank to their officers, as we have done in the other departments of the service. I think if there is any one of them that commends itself to the favorable action of Congress, it is this branch of the service. The way they were able to employ clerical help in this department is by detailing some hospital steward who gets \$600 or \$800 a year, to perform clerical service, for which other departments pay men \$1,200, or \$1,400, or \$1,600 a year. They are obliged to economize in that way. Not being allowed enough assistant-surgeons in the army they have to employ citizen surgeons, not only to do clerical work, but to take care of the men in hospitals. We should do for this branch of the service what we have done for the Quartermaster's and Commissary's Departments; and it is an inviolable distinction to do otherwise."

But notwithstanding the pressing needs of the service, which are recognised on the most superficial examination of the subject, and the earnest efforts of SENATORS WILSON and POMEROY, the bill was so amended as to allow but a small addition to the corps of the Surgeons and Assistant-Surgeons of volunteers. Instead of meeting the questions which the measure suggests fairly and candidly, SENATORS lay upon each other's sympathies by relating incidents of the cruelty of medical men to sick soldiers, of their incompetency, and even of their knavery. Not a surgeon was spoken of in a complimentary manner. Of the large number who have been killed while caring for the wounded on the field-of-battle, there was not a breath of praise. The narration of cases of amputation against the wish and judgment of the parties afforded more congenial topics for senatorial declamation.

THE WEEK.

THE question has often been asked, what is the difference in the rate of mortality, and in the time of treatment of the wounded, whether in hospitals in distant States or in the State from which they enlist? But few opportunities have been offered to answer the query, owing to the difficulty of transporting the wounded to their own States. In certain instances the wounded have been immediately removed far northward or westward, and it has been found that they remain in hospitals a much less time than when treated in hospital near the seat of war. This question is now about to have a practical solution. The Sanitary Commission is preparing a number of Railway Hospital Cars, which are so arranged that the patient may be carried on a litter from the field or temporary hospital to the car; the litter is then suspended by slightly elastic straps, and the patient is conveyed with but the smallest degree of disturbance hundreds of miles. Each car will accommodate twenty-five or thirty patients, and contains apparatus for preparing articles of diet, a compact surgery, conveniences for the surgeon and nurses, etc. Railroad Hospital Carriages are in use in France, but they do not compare in convenience and ease with the American models which we have examined.

ty-five or thirty patients, and contains apparatus for preparing articles of diet, a compact surgery, conveniences for the surgeon and nurses, etc. Railroad Hospital Carriages are in use in France, but they do not compare in convenience and ease with the American models which we have examined.

THE New York State Medical Society was attended last week by an unusual number of members and delegates; upwards of 120 are reported to have registered their names. A large number of instructive papers were read, occupying every moment of the session. We take great pleasure in noticing the flourishing condition of the State Society. It has the basis for one of the most important and influential Associations in this country. Much of its present activity is due to the labors of the local officers, and especially the Secretary, DR. S. D. WILLARD. With great patience and self-sacrificing he has devoted his time, gratuitously, to the Society's Transactions, until they have become a most respectable volume. We hope that members in returning home will be stimulated to greater efforts in maintaining the County Societies. The State and County Societies are mutually dependent; and we may justly anticipate, that the latter will be benefited by the activity of the former.

Correspondence.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

[To the Editor of the AMERICAN MEDICAL TIMES.]

February 3, 1868.

SIR:—The annual meeting of the New York State Medical Society is looked upon with great interest by the members of the profession in all portions of the State. The unusually large number of delegates present in this city at this early date would seem to indicate that the interest is still unabated. The usual place of meeting is this year changed from the City Hall to the State Capitol; the sessions of the Society being held in the rooms occupied by the Court of Appeals.

The fifty-sixth anniversary was opened Tuesday morning at eleven o'clock, by Dr. Hun, of Albany, who, in assuming his duties as President, made some brief remarks relative to the effects of the war upon the medical profession of the State. It is really gratifying to see so many familiar faces year after year assembling together, most of them white-headed members of our profession, each and every one intent on presenting his contribution to science, in order that it may be of service to those who may succeed them in the healing art. Many, very many of these number thirty, forty, and even fifty years in the active labors and trials of an arduous professional career. It should make the younger members of the profession proud to hear and see the modest and unassuming manner in which they present a life-long experience to their assembled medical brethren.

It is to be regretted that the New York delegation, numbering seventeen from the County Society, six from the Academy of Medicine, and a few from the University Medical College, the College of Physicians and Surgeons, the Bellevue Hospital Medical College, and the N. Y. Medical College, is here represented by only a few members.

The delegation present so far (Feb. 3d) from New York, are Drs. T. C. Fennell, Joel Foster, James R. Wood, N. C. Husted (permanent members), Isaac E. Taylor, Oliver White, S. T. Hubbard, H. S. Downs, and Guido Furman. The proceedings of to-day were full of interest in every

particular; a larger number of papers than usual were registered for reading on the chart, and many of them were fully presented to the Society.

The first paper offered was a communication from the New York County Medical Society, presented by Dr. FURMAN, in which the present state of the Society was fully delineated, its past history reviewed, and an earnest appeal made for its future welfare. The Meteorological Committee's report for the whole year of 1862, from Dr. J. P. LOINES (chairman), was referred to the Committee on Publication. Also a paper on procidentia uteri, by Dr. ISAAC E. TAYLOR, in which an operation was performed, resulting in a complete cure.

At this stage of the proceedings the delegation from the State Societies of New Jersey and Connecticut, namely, Drs. Lyman A. Smith and J. G. Beckwith, were invited to address the meeting, which they responded to in a cheerful manner, extending the hand of friendship and good will to the members of the New York State Medical Society, inviting them to be present and participate in their deliberations at their next annual meeting.

Dr. AUERBACH, from Rockaway, Queens County, read an interesting paper directing the attention of the profession to the more careful study of the evidences of mental disorders.

Our pathological friend, Dr. FINNELL, presented a beautiful specimen of hyper-ostosis of the lower extremities, occurring in an adult aged 27 years, which engaged the attention of all present by the unusual character of the deformity.

February 4, 1863.

In spite of the cold weather (the mercury having found its level at 17° below zero) the chamber was filled long before the hour of business. The interval was passed in agreeable conversation on the part of most, while the more taciturn found company in the liberal supply of newspapers furnished by the gentlemanly and efficient Secretary, Dr. S. D. Willard, of Albany. At last the session opened more brilliantly than yesterday, this morning's train having added considerable to our numbers. Among the new arrivals of to-day I perceive on the register the names of the following gentlemen from New York: Drs. E. R. Peaslee and John G. Adams (permanent members); John B. McEwen, John P. Garrish, and John W. Green, delegates. From Brooklyn: Drs. E. R. Squibb, John Ordonaux, D. C. Enos, and J. M. Minor.

Drs. Gardner, Ramsay, Raphael, and Sayre (not being delegates) were through the courtesy of the Society invited to seats during present session. The whole number present, I believe, was one hundred and twenty-three.

Dr. D. G. THOMAS, from Utica, read a somewhat lengthy paper on ovarian dropsy, and related two cases which were successfully treated by removing the contents of the sac, and injecting it with iodine and iodide of potassium.

Dr. CORLISS, from Washington County, related, in a very brief and humorous manner, a case of enlarged liver, the organ in question being twelve pounds in weight.

Dr. ENOS, of Kings County, read an elaborate paper on club foot, in which he set forth his mode of treatment, which consists in dividing one or more tendons, and applying plaster of Paris splints. He exhibited a plaster of Paris cast and photograph of a case which was successfully treated in this manner.

Dr. SAYRE related a case of exsection of the head of the femur, which had proved successful, and exhibited the portion removed.

Dr. QUACKENBUSH, of Albany, made some very interesting and valuable remarks on pelvic presentations. This gentleman evidently possesses not only great practical knowledge of his specialty, but is withal an original thinker, and is exceedingly clear and lucid in his manner of presenting his subject.

Dr. MARCH, of Albany, presented two instruments used for detection of leaden balls in wounds. One was a probe

with a porcelain ball attached, invented by Nélaton for Garibaldi. The porcelain very readily takes on a leaden hue when brought in contact with lead.

Dr. BLY, from Rochester, as might be expected, was on hand with his anatomical legs.

Dr. ADAMS, from New York, presented in behalf of Dr. A. L. Sands a new splint invented by Mr. Gunning for fracture of the inferior maxilla.

Next followed Dr. GARDNER, from New York, with a lengthy paper on ovariectomy, relating the history and operation of one case, which died.

Dr. WILSON, of the Chataque Tribe of Indians, was invited to speak, and kept the audience in good humor by relating many characteristic anecdotes.

The evening brought with it the usual annual address of the President, which was listened to with deservedly marked attention. Then followed the reception at the President's house. The table was loaded with everything tempting, and it was not surprising that even physicians partook at a late hour liberally of the viands placed before them. Our friend, the professor of "brevity," was not behindhand.

February 5, 1863.

This morning Dr. SWINBURNE, of Albany, finished his paper on exsection, which was commenced at the previous session.

Lastly, the annual election took place, which resulted in the choice of Dr. Bissell, of Utica, for President, and Dr. Joel Foster, of New York, for Vice President, and Dr. S. D. Willard, of Albany, as Secretary.

Yours truly,

"SPIRALIS."

Army Medical Intelligence.

CIRCULAR TO MEDICAL DIRECTORS.

SURGEON-GENERAL'S OFFICE,
WASHINGTON, Feb. 2, 1863.

SIR:—The Surgeon-General directs that your attention again be called to the numerous instances in which men are returned to duty in a condition still demanding treatment or proper for discharge.

This is an evil bringing opprobrium upon the Medical Department, and requires prompt redress. All medical officers in charge of hospitals under your direction will be instructed by you as to their duty in this connexion, and such steps will be taken by you as will insure the prompt return to duty of all such soldiers as may be in a fit condition, and of those only.

Very respectfully, your obedient servant,

By order of the Surgeon-General,

JOS. R. SMITH,
Surgeon, U.S.A.

CIRCULAR, No. 3.

SURGEON-GENERAL'S OFFICE,
WASHINGTON CITY, D.C., Jan. 30, 1863.

I. In consequence of the great and improper latitude which many surgeons have allowed themselves in the administration of the Hospital Fund, the following instructions are issued defining the articles for which and for which alone the hospital fund may be expended:

The hospital fund may be expended for the purchase of—

1st. Food, solid or fluid, to be used for the diet of the sick, and not furnished by the Commissary Department or Medical Department.

2d. Articles to be used in either the preparation or serving of the food, embracing principally cooking utensils and table furniture, and not furnished by the Quartermaster's Department or Medical Department.

3d. Gas, oil, and other means of illumination, to be

bought instead of candles, which are part of the soldier's rations.

Experiment has been carefully and thoroughly made in a number of our best regulated hospitals as to the capacity of the hospital fund to support a proper diet table for the sick.

Reports from these hospitals are unanimous in the testimony that the cost of supplying such a diet exceeds the value of the hospital ration, and hence all expenditures for objects of less importance than a liberal diet are acts of injustice to the sick soldier.

II. Upon the receipt of this circular, a return will be made to this Office, by Surgeons in charge of hospitals, of all articles of a nature not immediately perishable which have been purchased from the hospital fund, and which are now in use in the hospitals under their charge.

This return will be made in a form similar to the returns of hospital furniture now required, and will be made hereafter quarterly, upon the last day of March, June, September, and December.

Medical officers will be required to account strictly to this Department for all such articles as may be purchased from the hospital fund.

The accompanying circular, received from the Commissary General of Subsistence, is furnished for the information and guidance of Medical officers.

W. A. HAMMOND,
Surgeon-General.

ARMY MEDICAL SOCIETY AT LOUISVILLE, KY.

At a meeting of the medical officers connected with the United States Army in and about Louisville, Ky., at the Sanitary rooms on Walnut street, on Thursday evening, the 13th Nov., a society was organized for the purpose of improving the opportunities afforded them for the investigation and treatment of those diseases and injuries that have fallen under their observation in the army and hospitals during the last year. The following gentlemen were duly elected officers of the society: Dr. WM. W. STREW, *President*, Dr. WM. W. GOLDSMITH, *Vice President*, Dr. J. A. DOUGHERTY, *Secretary*, and Dr. M. GOLDSMITH, *Treasurer*. The order of business is as follows: Reports of Committees; Reading of Essays; Reports of Cases; Miscellaneous business, etc.

The society is composed of the surgeons and assistant-surgeons connected with twenty-one hospitals, which contain an aggregate of about three thousand patients. A great many cases, some of considerable interest, are reported; some essays read, and a number of morbid specimens exhibited. The disease for special investigation for November was diarrhoea, that for December pneumonia, and for the present month typhoid fever, as they occur in the Army of the West.

ORDERS, CHANGES, &c.

So much of Special Orders No. 251, A.G.O., series of 1862, as mustered Assistant Surgeon W. F. Swalm, 84th New York Vols., out of service, has been amended so as to discharge him from the service as a supernumerary officer, to date November 15, 1862.

Surgeon C. H. Laub, U.S.A., has relieved Surgeon H. E. Wirtz, U.S.A., as Medical Director of the Army commanded by Major-General Grant.

Surgeon Wirtz has been assigned to duty as Medical Director of Hospitals at Memphis.

Surgeon W. W. Nassau, U.S.V., has been dismissed from the service of the United States.

The following named officers have been dismissed from the service of the United States by direction of the President. See Special Orders No. 67, A.G.O., January 28, 1862.

Surgeon A. Krumsiek, 3d Missouri Vols., for intemperance, neglect of duty, and absence without leave.

Surgeon J. Owen, U.S.V., for incompetency.

Surgeon J. C. Ayers, 7th Wisconsin Vols., for incompetency.

Ass't Surgeon F. O. Alleman, 9th Pennsylvania Reserves, for incompetency.

Ass't Surgeon W. B. Blakeslee, 121st Pennsylvania Vols., for incompetency.

Ass't Surgeon O. Nagel, 7th New York Vols., for incompetency.

Ass't Surgeon S. B. Valentine, 121st New York Vols., for incompetency.

Ass't Surgeon H. Wadsworth, 69th Pennsylvania Vols., for incompetency.

Ass't Surgeon O. S. Paine, 140th New York Vols., for incompetency.

Ass't Surgeon G. H. Fossard, 42d New York Vols., for incompetency.

Ass't Surgeon J. L. Adams, 5th Michigan Vols., for disobedience of orders and absence without leave.

Surgeon B. McClure, 9th Iowa Vols., and Assistant Surgeon W. L. Orr, 8d Iowa Cavalry, have been dismissed by direction of the President, without pay and allowances, for absence without leave.

The resignation of Surgeon E. H. Johnston, U.S.V., has been accepted by the President to take effect January 8, 1862.

Ass't Surgeon A. M. Clark, U.S.V., has been relieved from duty with the 4th United States Infantry, and assigned to the charge of the 5th Army Corps Hospital, Windmill Point, Va.

Surgeon T. B. Reed, U.S.V., is on duty at Baton Rouge, La., as Medical Director of General Grover's command.

Surgeon H. J. Churchman, U.S.V., has been assigned to duty at the Seminary Hospital, Fayetteville, Ark.

So much of Special Orders No. 10, current series, A.G.O., as revoked the muster into service of Assistant Surgeon E. S. Schumo, 2d New York Vols., has been rescinded, and he has been honorably discharged the service to date January 8, 1862, he having produced evidence of service to the Government, for which he received pay to include December 31, 1862.

Surgeon Charles Page, U.S.A., lately in charge of the General Hospitals at Hagerstown, Md., has relieved Surgeon Josiah Curtis, U.S.V., in charge of Convalescent Camp, Alexandria, Va.

Ass't Surgeon S. H. Orton, U.S.A., has been assigned to the charge of the General Hospital at Carrollton, La.

Ass't Surgeon F. T. Dade, U.S.V., has been placed in charge of General Hospital No. 3, Beaufort, S. C.

Surgeon E. F. Sanger, U.S.V., has been assigned to duty on the Staff of General Sherman, commanding New Orleans and its defences.

Surgeon Henry Buckmaster, U.S.V., has been assigned to duty as Medical Director, District of Kansas. Headquarters Fort Leavenworth, Kansas.

The resignation of Surgeon R. K. Browne, U.S.V., has been accepted, to take effect December 10, 1862.

Surgeon Josiah Curtis, U.S.A., has been ordered to report to the Medical Director at Philadelphia, Pa., for duty in the General Hospital at Germantown.

Surgeon Chas. McCormick, U.S.A., has been ordered to report to Surgeon R. S. Satterlee, U.S.A., at New York, for duty connected with the preparation of Medical Supplies.

Surgeon G. Grant, U.S.V., has been ordered to report for duty to the Assistant Surgeon-General at St. Louis.

Surgeon S. R. Haven, U.S.V., has been assigned to duty at Memphis, Tenn., and has tendered his resignation on account of private matters.

Medical News.

DEATH OF DRS. TUCKER AND MILLER.

The following resolutions were adopted at the last meeting of the New York Academy of Medicine.

Whereas, It has pleased God, in His wise Providence, to remove from among us our late associate, GEORGE HERRIOT TUCKER, M.D., therefore—
Resolved, That in the decease of the late Dr. TUCKER this Academy and the medical profession have lost a valued member, whose great industry and great statistical ability gave promise of abundant and important results to medical science, and whose premature loss they heartily deplore.

Resolved, That the New York Academy of Medicine offers sincerely to condole with the family of their deceased associate in their bereavement, and assure them that his memory will be cherished by them with respect and esteem.

Resolved, That a copy of these resolutions be transmitted by our secretary to the family of the deceased member.

Resolved, That the Academy have learned with regret of the loss by death of another of its Fellows, JOHN MILLER, M.D., who died on the 18th day of the last month, and that we recognise in his death a serious loss of a high-minded, honorable man, an excellent and successful practitioner of the profession which he so much loved, and in the practice of which for more than thirty-one years in this community he had secured a large and loving circle of friends and patrons, who now mourn their bereavement.

SURGEON JACOB H. GOTWALD, of the *Krystone State*, met his death from the steam which escaped from the exploded chimney, as he was between decks, engaged in dressing the injuries of the wounded. His body was found in a sitting posture, his hands grasping a piece of lint which he was about to apply to one of the injured sailors. His death must have been instantaneous.

DR. O. HEYFELDER, of St. Petersburg, is preparing a new edition of his work on Resections of Joints, and solicits reports of well authenticated cases.

DR. S. H. HEWITT, U.S.A., read a very elaborate paper on amputations before the New York Academy of Medicine at its last meeting.

PROF. HAMILTON is preparing a second edition of his work on Fractures and Dislocations.

M. D. BENEDICT, M.D., Skaneateles, N. Y., Surgeon of the 75th N. Y. Vols., has been placed in charge of a hospital in New Orleans.

ERRATA.—Dr. Detmold's lecture, page 61, 5th paragraph, 12th line, instead of *utility read vitality*; page 62, 1st par., 16th line, instead of *generally read gradually*; same page, 3d par., 4th line, instead of *antiphlogistic cession read antiphlogistic treatment, cession, etc.*
In Dr. Ziegler's article, page 65, line 16, for *notoriously* read *not only*.

TO CORRESPONDENTS.

COMMUNICATIONS have been received from DR. DAVID P. SMITH, SURG. Vols.; DR. SAMUEL ADAMS, ASST. SURG. U.S.A.; DR. B. Z. MILES, U.S.A. A. S. (Key West, Fla.).—Please send the report on Yellow Fever alluded to.

J. A. D. (Louisville, Ky.).—Reports from the Army Medical Society at Louisville would be welcome.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 2d day of February to the 9th day of February, 1863.

Deaths.—Men, 79; women, 51; boys, 123; girls, 123; total, 416. Adults, 160; children, 256; males, 212; females, 204; colored, 7. Infants under two years of age, 161. Children born of native parents, 20; foreign, 225.

Among the causes of death we notice:—Apoplexy, 2; infantile convulsions, 36; croup, 27; diphtheria, 19; scarlet fever, 19; typhus and typhoid fevers, 6; consumption, 61; small-pox, 2; measles, 5; dropsy of head, 23; infantile marasmus, 18; cholera infantum, 1; inflammation of brain, 8; of bowels, 7; of lungs, 42; bronchitis, 11; congestion of brain, 0; of lungs, 0; erysipelas, 4; diarrhoea and dysentery, 6. 218 deaths occurred from acute diseases, and 30 from violent causes. 257 were native, and 129 foreign; of whom 57 came from Ireland; 89 died in the City Charities; of whom 9 were in Bellevue Hospital, and 5 died in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Feb. 1863	SIX A.M.					TWO P.M.				TEN P.M.			
	Min.	Temp.	Evaporation	Barometer.	Wind.	Temperature.	Evap. Below.	Barometer.	Wind.	Temperature.	Evap. Below.	Barometer.	Wind.
1st.	29.30	3	30.10	N.W.	44.5	30.06	S.W.	40.1	29.94	S.W.			
2d.	33.33	4	29.80	N.W.	35.6	29.90	W.	26.4	29.96	N.			
3d.	32.1	3	30.00	N.E.	20.8.5	30.04	N.W.	13.3	30.21	N.W.			
4th.	34.1	2	30.50	N.W.	6.8	30.60	N.W.	2.3	30.71	N.W.			
5th.	34.2	2	30.77	N. by E.	24.8	30.61	N.E.	35.6.5	30.80	N.E.			
6th.	33.44	0	29.80	N.E.	48.5	29.70	S.E.	36.8	29.78	Calm.			
7th.	28.29	4	30.14	N.W.	42.7	30.20	W.	35.4	30.28	W.			

REMARKS.—1st, Clear A.M.; rain late P.M. 2d, Rain early; clear day. 3d, Clear and cold. 4th, Very cold; clear day; mean temperature only one degree above zero. 5th, N.E. snow-storm commenced in the forenoon, ending with warm rain P.M. 6th, N.E. Rain-storm; clearing late P.M. 7th, Fine day.

COMPARATIVE MORTALITY OF CITIES FOR THE WEEK ENDING JANUARY 10, 1863.

Cities.	Ratio of General Mortality to Population.	Mortality from Epidemics.						
		Small Pox.	Measles.	Scarlatina.	Diphtheria.	Hoop. Cough.	Typhus.	Dysentery.
London.	1 in 1526	24	61	82	13	53	62	13
New York.	1 in 1880	1	7	15	25		7	10
Boston.	1 in 2340	0		2		1	1	3
Philadelphia.								

SPECIAL NOTICES.

NEW YORK ACADEMY OF MEDICINE.—On Wednesday Evening, 18th inst., Dr. J. LEWIS SMITH will read a paper on the Literature and Etiology of Cyanosis, after which the discussion on Strangulated Hernia will be opened by Dr. J. R. WOOD, and followed by Drs. BUCK, POST, DETMOLD, and others.

The Anatomy of the External Forms

of Man; intended for the use of Artists, Painters, and Sculptors. By Dr. J. Fau. Edited, with additions, by Robert Knox, M.D., with an atlas of twenty-eight plates. 4to. London.

BAILLIERS BROTHERS, 440 BROADWAY, N. Y.

NAVAL MEDICAL BOARD.

A Board of Medical Officers will convene at the Naval Asylum, Philadelphia, on Monday the 2d of March next, for the examination of candidates for admission into the Medical Corps of the Navy.

Gentlemen desiring permission to appear before the Board must make application to the Honorable Secretary of the Navy, stating their residence, place and date of birth, accompanied with respectable testimonials of moral character.

Applicants must not be less than twenty-one, nor more than twenty-six years of age.

No expense is allowed by Government to candidates attending the sessions of the Board, as a successful examination is a legal pre-requisite for appointment in the Navy.

Long Island College Hospital, Brooklyn, NEW YORK.

Session for 1863.

The Session for 1863 will begin on the 12th March, and continue sixteen weeks.

BOARD OF REGENTS.

HON. SAMUEL SLOAN, PRESIDENT.

GUSTAVUS BRETT, Esq., SECRETARY.

COUNCIL.

T. L. MASON, M.D.

C. L. MITCHELL, M.D.

WM. H. DUDLEY, M.D.

J. H. HENRY, M.D.

PROFESSORS.

AUSTIN FLINT, M.D., Professor of Practical Medicine and Pathology. FRANK H. HAMILTON, M.D., Professor of Military Surgery, Fractures, and Dislocations.

JAMES D. TRASK, M.D., Professor of Obstetrics, and Diseases of Women and Children.

R. CODY DOREMUS, M.D., Professor of Chemistry and Toxicology.

JOSEPH C. HUTCHISON, M.D., Professor of Surgery and Surgical Anatomy.

AUSTIN FLINT, JR., M.D., Professor of Physiology and Microscopic Anatomy.

DEWITT C. ENOS, M.D., Professor of General and Descriptive Anatomy.

EDWIN N. CHAPMAN, M.D., Professor of Therapeutics, Materia Medica, and Clinical Midwifery.

GEO. K. SMITH, M.D., Demonstrator of Anatomy.

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